

21125

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 121

Place of Birth Hayden County Gila No. Hayden Hospital
(Registration District)

SEX OF CHILD* Twin } and } Number
Triplets } in order
or other? } of birth

DATE OF BIRTH* Oct 22 1916
(Month) (Day) (Year)

FULL NAME Olin Emmett Bell FATHER

FULL MAIDEN NAME Ethel Maddox Bell MOTHER

I HEREBY CERTIFY that the child described herein
has been named

Virginia Laura Bell
(Give name in full) (Surname)

Ethel Maddox Bell
(Parent's Signature)

Ethel
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
BM 5/20/41

522-1022-547

MARGIN RESERVED FOR SIGNATURE
USE PERMANENT INK